Supplemental Voucher

TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
- [x] Electronic Fund Transfer (EFT)
- [ ] Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.

[ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ 0.00

2. NAME (Last, First, Middle Initial) (Print or type)	3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)
DOE, JOHN	E6	123-45-6789	[x] TDY [ ] Member/Employee [ ] PCS [ ] Other [ ] Dependent(s) [ ] DLA

6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE
8899 E. 56TH ST	INDIANAPOLIS	IN	46249

e. E-MAIL ADDRESS: john.doe@us.army.mil

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	10. FOR D.O. USE ONLY
317-555-1111	12-321		a. D.O. VOUCHER NUMBER

11. ORGANIZATION AND STATION
ARNG-FSC NGB INDIANAPOLIS, IN

b. SUBVOUCHER NUMBER

12. DEPENDENT(S) (X and complete as applicable)
- [ ] ACCOMPANIED
- [ ] UNACCOMPANIED

a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
- [ ] YES
- [ ] NO (Explain in Remarks)

d. COMPUTATIONS

16. ITINERARY

a. DATE 2009		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR				0.00	
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

SUPPLEMENTAL VOUCHER
(Packet must contain original DD Fm 1351-2 and all supporting documents)

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	0.00
(8) Less Advance	
(9) Amount Owed	
(10) Amount Due	

18. POC TRAVEL (X one) [x] OWN/OPERATE [ ] PASSENGER

17. DURATION OF TRAVEL
- [ ] 12 HOURS OR LESS
- [ ] MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- [x] MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
070908-071808	Unpaid lodging for Jul TDY	565.00	
110108-113008	Unpaid laundry for Nov Accrue	60.00	
120108 121508	Unpaid laundry for Dec Accruel	30.00	

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE
MUST BE SIGNED

b. DATE: MMDDYY

c. REVIEWER'S PRINTED NAME	d. REVIEWER SIGNATURE	e. TELEPHONE NUMBER	f. DATE
SFC SNUFFY SMITH	MUST BE SIGNED	285-231/1610	MMDDYY

21.a. APPROVING OFFICIAL'S PRINTED NAME	b. SIGNATURE	c. TELEPHONE NUMBER	d. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

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24. COMPUTED BY	26. AUDITED BY	28. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID